

Pre Match Declaration Form

(male and female)

Place and date of the competition:

Type of boxing competition (ordinary, Championships)

Medical History Declaration

Athlete: Surname..... Name

Date and place of Birth Nationality

AOB PRO Membership N° Association/Club

Date of last match: Result

Date of similar sport disciplines to boxing..... Result

	Yes	No
Have you ever had any of the following symptoms?		
1. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
2. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
3. Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
4. Double or blurry vision	<input type="checkbox"/>	<input type="checkbox"/>
5. Fainting or lost of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
6. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken prescription drugs or supplements in the last 90 days?		
• If so, which ones:		
Have you been ill or had traumas in the last 120 days?		
• If so, which ones?		

Athlete's Signature or Legal Guardian:

In the case of minors, the Legal Guardian Mr./Ms. (along with a copy of Identification) attests that the information provided above is true and delegates the accompanying coach Mr./Ms. for any further correlated sanitary measures

Signature

Data

Signature of visiting Medical Doctor pre Match

(Stamp and signature)